STATEMENT OF

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FORM 1 ORGANIZATION				FEG.MAIL CENTER			
1. NAME OF COMMITTEE (ir	full)	(Check if name is changed)		nple:If typing, type the lines.	12FE4M		nly
•		MOCRATIC LE			ERAL	СОММІ	TTEE
ADDRESS (number a	nd street)	P. O. BOX 1	6194			 	
(Check if address is changed)		PLANTATION			FL	33318	
			CITY		STATE	ZIP	CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) DemocraticLeadershipCommittees@gmail.com							
COMMITTEE'S WEB PAGE ADDRESS (URL)							
(Check if address is changed)							
2. DATE 10 '17 '2012 '							
3. FEC IDENTIFICATION NUMBER C							
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)							
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name	of Treasure	ALEXANDE	R CL	INTON			
Signature of Treasurer Henacchen Clinton Date 10 17 2012							
NOTE: Submission of false, erroneous, or incomplete information may subject the pleason signing on. Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use				For further Information of Federal Election Commission Toll Free 800-424-9530			ORM 1 d 02/2009)